From: CTDPHHealth_Alert_Network@ct.gov <noreply@everbridge.net>
Sent: Tuesday, February 16, 2021 10:57 AM
To:
Subject: CoVP Provider Bulletin, Week of February 15, 2021

DEPARTMENT OF PUBLIC HEALTH

Dear Connecticut COVID-19 Vaccine Providers,

This bulletin is sent to all key contacts at provider organizations administering COVID-19 vaccine. Please feel free to share it with others in your organization who may benefit from the update. Note that all of our communications are archived on our web site.

In this week's bulletin, we want to reiterate some important information shared in previous communications. There are also several updates contained within this message. Please read the bulletin in its entirety.

Current Phase eligibility

All Phase 1a individuals *living or working in Connecticut*:

- **Healthcare Personnel:** All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients of infectious materials
- **Long-Term Care Facility Residents: Adults** who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently
- **Medical first responders:** Individuals who face risk of exposure to COVID-19 through their response to medical emergencies

Select Phase 1b individuals *living or working in Connecticut*:

- **Individuals 65-years of age and older**
- **Residents and staff of select congregate settings:** Residential facilities that provide supportive or supervisory services to their residents and where social distancing is not possible due to shared bedrooms, shared kitchens or shared bathrooms. These facilities are either licensed by or otherwise formally affiliated with the State of Connecticut and are administered by a private non-profit or other formal entity. In Phase 1b, congregate settings do **not** include supported apartments, foster or family settings, college dormitories, or boarding schools.

Actions provider should take to ensure eligibility of vaccine recipients:

In order to help ensure the integrity of the current phase of eligibility, providers should:

- **Hang the "current phase" poster (dated February 9, attached) in a prominent location at the clinic entrance.** Depending on clinic flow and layout, multiple copies may be needed.
- **Verbally confirm during registration that the vaccine recipient is in the current phase categories (e.g., individual 65 years of age and older, resident or staff member at a qualifying congregate setting, medical first responder, or healthcare personnel who faces risk of exposure to COVID-19).** Explain to them that receiving an email invitation or successfully booking an appointment through online scheduling does not confer eligibility– but that they should belong to one of these categories. If not, reschedule their appointment once they are eligible in phase.

Additional items that may be considered:

- **Make best efforts to review upcoming scheduled appointments and contact any individuals that appear to be scheduled out of phase.** Send an email to all upcoming vaccine recipients with current phase eligibility and ask them to cancel appointments if they do not meet eligibility.
- Ask for individuals to sign the personal attestation card.

Individuals who accidently received a first dose of vaccine but did not meet current eligibility requirements should be scheduled for a second dose once the appropriate interval has passed (21 or 28 days based on product).

NEW Homebound Guidance and updated Storage and Handling Toolkit from the Centers for Disease Control and Prevention

- The Homebound Guidance is live: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html.
- The Storage and Handling Toolkit has also been updated to reflect specific information for Pfizer and Moderna, including transport information: https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.

Two Updated Clinical Consideration Documents. CDC has updated two clinical consideration documents:

- A summary of the updates to the Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States appears below:

Contraindications and precautions

- Clarifying language was added related to persons with a known (diagnosed) allergy to polyethylene glycol (PEG), another mRNA vaccine component, or polysorbate, have a contraindication to mRNA COVID-19 vaccination. Persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is PEG, another mRNA vaccine component, or polysorbate, but in whom it is unknown which component elicited the immediate allergic reaction have a precaution to vaccination.
- Clarifying language was also added that subcutaneous immunotherapy for allergies, i.e., "allergy shots," are not considered a precaution to mRNA COVID-19 vaccines.

Neither contraindications nor precautions to vaccination

- Language was added persons with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area do not have a contraindication or precaution to the second dose of vaccine. Delayed-onset local reactions have been reported in some individuals, including Moderna clinical trial participants, up to two weeks after the first dose and are sometimes quite large. These reactions are not felt to represent a risk for anaphylaxis upon receipt of the second dose. Thus, individuals should receive the second dose using the same vaccine product as the first dose and at the recommended interval, preferably in the opposite arm.

Public health recommendations for vaccinated persons

- The public health recommendations have been expanded to provide additional guidance for persons vaccinated with mRNA vaccines. While all vaccinated persons should continue to follow current guidance to protect themselves and others, **fully vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:**
    - Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose of an mRNA vaccine)
    - Are within 3 months following receipt of the 2nd dose
    - Have remained asymptomatic since the current COVID-19 exposure

This recommendation to waive quarantine for people with vaccine-derived immunity aligns with quarantine recommendations for those with natural immunity. Persons not meeting all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. All persons who have been exposed should continue to watch for symptoms of COVID-19 for 14 days after exposure.

An exception to this guidance is for **patients and residents in healthcare settings who have been vaccinated. These individuals should continue to quarantine following a suspected or confirmed exposure** to someone with COVID-19 because of the unknown vaccine effectiveness in this population and the higher risk of severe disease and death, and challenges with social distancing in healthcare settings. Although not preferred, healthcare facilities could consider waiving quarantine as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable.

These quarantine recommendations for vaccinated persons, including the criteria for timing since receipt of the last dose of the vaccination series, will be updated when more data become available and additional COVID-19 vaccines are authorized.

Laboratory testing

- Additional information and updated recommendations for testing for TB infection has been included. TB testing can be done at the same time as mRNA COVID-19 vaccination, or otherwise delayed for ≥4 weeks after completion of mRNA COVID-19 vaccination. Patients who have active TB disease or an illness that is being evaluated as active TB disease can receive an mRNA COVID-19, although the presence of a moderate or severe acute illness is a precaution to administration of all vaccines.

Appendix Updates

- *Appendix A:* A new Appendix A "Vaccine Administration Errors and Deviations" has been added. The appendix provides resources for preventing, reporting, and managing mRNA COVID-19 vaccine administration errors. Additional scenarios that deviate from CDC recommendations around vaccine intervals (but are not considered administration errors) are also included. The information is intended to assist providers with handling exceptional situations where a vaccination error or deviation has already occurred. The table may be updated when additional information becomes available.
- *Appendix B (formerly Appendix A): Triage of persons presenting for mRNA COVID-19 vaccination* has been updated to address the above changes.
- A summary of the updates to the Interim Considerations: Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites appears below:

General updates

Language throughout has been updated to reflect updated guidance in the Interim Clinical Considerations for mRNA COVID-19 Vaccines.

Personnel, medications and supplies for assessing and managing anaphylaxis

This section has been expanded to indicate that trained personnel qualified to recognize and treat symptoms of anaphylaxis should always be available at vaccination locations. The language related to medications and supplies has also been updated for clarification.

Early recognition of anaphylaxis

This section has been updated to provide additional information related to anaphylaxis symptoms.

(REMINDER) V-safe

Please continue to promote the v-safe after vaccination health checker. Please remember to:

· Hand out the v-safe information sheet to vaccine recipients

- Encourage vaccine recipients to register for v-safe

(REMINDER) Pfizer Vaccine and the Sixth Dose

CDC will be changing the way they describe Pfizer trays. Effective the week of February 21, Pfizer trays will be considered to have 1170 doses. This accounts for the sixth dose that is able to be pulled from each vial. We will provide more detailed information regarding ordering and inventory management in the coming weeks.

Updates to CoVP Providers web site

Please note that we have updated our CoVP Providers web site to reflect changes to the enrollment process, with new resources and content, including how to place an order for vaccines, how to list your clinic on the 211 web site, and additional storage and handling resources. Visit our page to find answers to all of your questions!

VAMS Support/Trainings and Updates

Click this link for the listing of **VAMS and CoVP Trainings**, including VAMS Live Helpdesk Office Hours available **Tuesday/Thursday 9:30am-12pm.**

- **Welcome to VAMS: Standard & Mobile Clinics Thursday 2/18 3:30-5:00pm** Zoom Attendee URL Attendees: https://deloitte.zoom.us/j/94895360993?pwd=ZHJ0TEg4TDBRdlhpeUsvRWQ5b2pxdz09 **Password:** 465445

Listen-Only Connection Details Attendee dial-in (for Listen-only attendees): US: +1 929 436 2866 or +1 669 900 6833 Webinar ID/Password: 948 9536 0993 / 465445

Under '**Latest News**' at: VAMS Training (ct.gov), and as emailed to you from VAMS with each new release, please review the **VAMS Enhancements** to help you utilize ***NEW*** VAMS functionality.

- For example: *Clinics can now **schedule future vaccination** appointments for recipients (This would enable to schedule 2nd doses and schedule appointments over the phone), front desk can **create VAMS user accounts**, clinics can **add recipients without an email or phone** number directly to VAMS.*
- **Transition Business Process** if your clinic wants to transition from VAMS to CT WiZ. Please submit a helpdesk ticket with your PIN and expected date of transition. A meeting will be scheduled to review the process and expectations.